Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

SUMMARY SHEET

DEPARTMENT OF ILLINOIS
SPRINGERS OF INSURA

(1) Coverage	(2) Annual Premium - Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		_
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		and the second s
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		**************************************
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	\$5,539,616.00	+2.5%
Life of Insurance		
Does filing only apply to certa	ain territory (territories) o	r certain
Classes? If so,	an territory (territorios) o	· oortain
specify: n/a		
Brief description of filing. (If	filing follows rates of an a	advisory
Organization, specify		•
organization):		
to adopt the captioned Loss Cost Revision a	as contained in NCCI Circular Numbe	r IL-2009-03. All other rules and rating p
filed by Arch will remain unchanged		
*Adjusted to reflect all prior rates.		ult from application of new
14(0).	Arch Insurance	Company
	Na	ame of Company

Official - Title

SUMMARY SHEET

Change in Company's	premium	or	rate	level	produced	by	rate
revision effective	7/1/09						

revision effective _7/1/09	or race rever produced	by race
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial 2. Automobile Physical Damage		
Private Passenger		
Commercial 3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	-8,608	+2.5 %
Brief description of filing. (If organization organization)	filing follows rates of n): Adoption of the NCC maintaining current	I Loss Costs IL-2009-03
		HED
		Towns Services &
* Adjusted to reflect all prior r** Change in Company's premium levresult from application of new	vel which will	UL 0 1 2009
	STA	TE OF ILLINOIS
	Atlantic Special PEPARTM	MENTE OF CHIRE TO A NOT
	ST/ Atlantic Special PFPARTI Name of Conf	NGFIELD, ILLINOIS
′	pengl R. Varner	
Cheryl R. Compensati	Turner, Assistant Vice	President Workers

Official -Title

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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate l	evel produced by rate revision effective Upon A	Approval 3/24/89				
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>				
Automobile Liability Private Passenger Commercial						
2. Automobile Physical Damage						
Private Passenger Commercial 3. Liability Other Than Auto						
4. Burglary and Theft						
5. Glass						
6. Fidelity						
7. Surety						
8. Boiler and Machinery						
9. Fire						
10. Extended Coverage						
11. Inland Marine						
12. Homeowners						
13. Commercial Multi-Peril						
14. Crop Hail						
15. Other Workers Compensation Line of Insurance	235000	28.3%				
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	no				
boes ming only apply to certain territory	(territories) or certain classes: if so, specify.					
Brief description of filing. (If filing follows	rates of an advisory organization, specify org	anization):				
-lie to use NCC1 loss costs effective 4/1/2009, Filling	Circular IE-2009-01, Approval Circular IE-2009-03	15 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates.						
	Benchmark Insurance Company	y				
		me of Company				
		Official – Title				

Vincent Ha



Consulting Actuary

MAY 2.6 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2009 (3) (1) (2) Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 1.8% 15. Other workers compensation 2,225,336 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of latest NCCI loss cost

Brotherhood Mutual Insurance Company

Larry Jackson, AVP Research & Development

Name of Company

Official - Title

FILED

JUL 1 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILED

JUL 0 1 2009

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

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DIVISION OF INSUFANCE

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by	rate revision effective	27.	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
1. Automobile Liability	,		
Private Passenger Commercial			
2. Automobile Physical Damage	***		
Private Passenger			
Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass			
Liability Other than Auto Burglary and Theft			
5. Glass			
6. Fidelity 7. Surety	009		
8. Boiler and Machinery			
9. Fire 10. Extended Coverage DEPARTMENT OF ILLIN	1018		
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners	URANCE	W-P	
12. Homeowners	NOIS		
13. Commercial Multi-Peril			
14. Crop Hail			
15. Workers Compensation 16. Other	634,925	6.670	
Line of Insurance		***	
2 mo or mourantoo		1/2	
Does filing only apply to certain territory (territories) or cer	tain classes? If so, specify	VO	
Brief description of filing (if filing follows rates of an advisor	ory organization, specify organization	tion) Adopt NCCI	
4/1109 Loss Costs (LAW only Filing)	
	3		
*,			
* . Adjusted to reflect all prior rate changes.			
** Change in Company's premium level which will result f	from application of new rates.		
	C	(A	. 1
, ,	Lom	Name of Company Lieglar - Actual Official - Title	ial
•	1/\	realine of Company	
	Dav	id Liegler - Actua	rial
		Official — Title	Assistant
			117917191

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DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

26	7/11	109	
Change in Company's premium or rate level produced b	y rate revision effective // ///	•	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
Automobile Liability Private Passenger Commercial			
Automobile Physical Damage Private Passenger Commercial			
3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity			
7. Surety 8. Boiler and Machinery 9. Fire			
10. Extended Coverage STATE OF ILLINOIS 11. Inland Marine DEPARTMENT OF INSURAN 12. Homeowners SPRINGFIELD, ILLINOIS	CE		
13. Commercial Multi-Peril 14. Crop Hail			
15. Workers Compensation 16. Other	2,319,026	7.190	
Line of Insurance		N-11-11-11-11-11-11-11-11-11-11-11-11-11	
. Does filing only apply to certain territory (territories) or or	ertain classes? If so, specify/	10	_
Brief description of filing (if filing follows rates of an advis	sory organization, specify organizat	tion) Adopt NCCI's	_
4/1/09 Loss costs.	Law only 1	- Iling	
Adjusted to reflect all prior rate changes. Change in Company's premium level which will resul	t from application of new rates		-
	,	Par	
6.	Com	Name of Company	
	David	Name of Company Legler - Actuaria	Assistant
•		Official — Title	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision e		duced by rate revision effective	June 1, 2009
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
2.	Passenger Commercial		
۷.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	499,405 (CY2008)	2.5%
Doe No.	s filing only apply to certain territory (territori	es) or certain classes? If so, specify:	
	description of filing. (If filing follows rates of	an advisory organization, specify or	ganization):
		rec only rung	
	usted to reflect all prior rate changes. ange in Company's premium level which wil	Il result from application of new rates	
		Crum	& Forster Indemnity Company
			Name of Company
		Λ	

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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ILLINOIS SUMMARY SHEET

FORM RF-3

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision		effective		July 1, 2009	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**	
1.	Coverage Automobile Liability Private Passenge Commercial				
2.	Automobile Physical Damage JUL 0 1 2009 Private Passenger Commercial Liability Other Than Auto STATE OF ILLINOIS Burglary and Theft DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS				
3.	Liability Other Than Auto STATENT OF INJUNOIS				
4.	Burglary and Theft DEPARTINGFIELD	·			
5. 6.	Glass - Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire		_		
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13. 14.	Commercial Multi-Peril Crop Hail				
1 4 . 15.	Workers Compensation	1,791,000		3.7%	
16.	Other	1,101,000			
	Line of Insurance				
Does	filing only apply to certain territory (territories) or certain classes	? If so, specify	No.		
Wor	description of filing (if filing follows rates of an advisory organizat kers Compensation loss costs and rating values per			NCCI approved d loss cost	
mult	pliers.				
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from ap	pplication of new rates.			
		Discover	Property Casua	ilty Company	
	RECEIVED		ame of Company		
	JUN 0 4 2009	Carol Let	tendre, Regulato Official - Title	ory Manager	

WC-IL-7

Official - Title

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SUMMARY SHEET

	Change in Company's premium revision effective 7/1/09	or rate level produced by	rate
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -)**
1.	Automobile Liability Private Passenger		
2.	Commercial		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	FidelitySurety		
	Boiler and Machinery		
	Fire		
10.	Extended Coverage		
11.	Inland Marine		
	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		

\$733,982

Does filing only apply to certain territory (territories)or certain classes?

If so, specify: _No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI Loss Cost

Line of Insurance

15. Other _Workers Compensation

Adoption of the NCCI Loss Costs IL-2009-03 maintaining current multipliers. We have an exception Minimum Premium of \$500 for code 9015.



<u> JUL 0 1 2009</u>

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Employers Fire Insurance Company

Name of Company

Cheryl R. Turner, Assistant Vice President Workers Compensation

Jeryl R. Yurner

Official -Title

Carpeter Control

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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MAY - 4 2009

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Change in Company's premium or rate level p	produced by rate revision effective	07/01/09
(1)	(2) Annual Premium	(3) Percent
Cove <u>rage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
3. Liability Other Than Lutt		<u> </u>
The Bulgitary area .		
5. Glass 6. Fidelity 7. Surety JUL 0 1 2009		
6. Fidelity 0 1 2009	· · · · · · · · · · · · · · · · · · ·	
8. Boiler and Machinery 9. Fire STATE OF ILLINOIS 10. Extended Coverage ARTMENT OF ILLINO 11, Inland Marine SPRINGFIELD, ILLINO 11, Inland Marine	ANCE	
9. Fire STAIL OF INSU	nis ————————————————————————————————————	
10. Extended Coverage RINGFIELD, ILLING		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	040 407 404	12.00/
15. Other Workers Compensation	\$10,427,104	+2.9%
Line of Insurance		
Does filing only apply to certain territory (territory) Brief description of filing. (If filing follows rates This filing is to adopt the approved NCCI	of an advisory organization, specify or circular IL-2009-03.	ganization):
	LAW OH	Y FILING
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which v	will result from application of new rates. Erie Insurance Name of Co	Exchange
	Daniel Controlle ACAS MAA	^
	Ross C. Fonticella, ACAS, MAA	4
	Vice President and Manager	

Official - Title

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DIVISION OF INSURANCE SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	nge in Company's premium or rate level produc	ed by rate revision effective	07/01/09
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
••	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
2	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Fidelity Surety Roller and Machinery		
	Boiler and Machinery		
_			
10.	Extended Coverage UL 0 1 2009		
4.4	Inland Marina		
12.	Homeowaers STATE OF ILLINOIS		
13.	Commercial MARTMENT OF INSURANCE Crop Hail		
		44 000 000	+3.5%
15.	Other Workers Compensation	\$1,690,089	+3.5%
	Line of Insurance		r. No
Doe	s filing only apply to certain territory (territories)	or certain classes? If so, specify	. No
Вліе	f description of filing. (If filing follows rates of an This filing is to adopt the approved NCCI circula	advisory organization, specify o ar IL-2009-03.	
	This is a second of the second		bow only Filing
			/
*Ad	ljusted to reflect all prior rate changes. nange in Company's premium level which will re	sult from application of new rates	,
		Erie Insurance	Flagshin City
		Name of C	
		, 1 7 Am	0.
		Ken toutices	<i>b</i> -
		Ross C. Fonticella, ACAS, MA	WA .
		Vice President and Manager	
		Official	- Title

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

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Cha	ange in Company's premium or rate level pro	duced by rate revision effective	07/01/09
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
4			
١.	Automobile Liability		
	Private Passenger Commercial		
^	Autobobile Physical Damage		
۷.	Private Passenger Commercial		
3	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
,	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$1,577,178	+4.7%
10.	Line of Insurance		
	Ento of moderation		
Doe	es filing only apply to certain territory (territori	es) or certain classes? If so, specify:	No
			\\\\\
Brie	f description of filing. (If filing follows rates of	of an advisory organization, specify or	ganization).
	This filing is to adopt the approved NCCI cit	rcular IL-2009-03.	1. = 1:4-
		LAW on	1744
	u	/	,
*Ad	ljusted to reflect all prior rate changes.	Il result from application of new rates	
**Ci	nange in Company's premium level which wi	result from application of new rates.	
		Erie Insurance	Company
		Name of Co	
		12.20 El	
		- May John John College	
	FILED	Ross C. Fonticella, ACAS, MAA	1
		Vice President and Manager	W-144
		Official - 1	Hue

Official - Title

JUL 0 1 2009



ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level pro-	duced by rate revision effective	07/01/09
(1)	(2)	(3)
(**)	Annual Premium	Percent
Cover <u>age</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability		
Private Passenger		
Commercial		***
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
4. Burglary and Theft		-
5. Glass	5 · · · · · · · · · · · · · · · · · · ·	
6. Fidelity		
5. Glass6. Fidelity7. Surety8. Boiler and Machinery		
9. Fire	2004	
9. Fire 10. Extended Coverage 11. Inland Marine	2003	
II, IIIIanu wanie		
12. Homeowners 13. Commercial Multi-Peril STATE OF I	LLINOIS	
13. Commercial Multi-Peril STATE OF	INSURANCE	
14. Crop Hail DEPARTMETELS	\$1,779,325	+4.1%
12. Homeowners 13. Commercial Multi-Peril STATE OF I 14. Crop Hail DEPARTMENT OF I 15. Other Workers Compensatios PRINGFIELD Line of Insurance	\$1,779,323	11.70
Line of Insurance		
and the second s)tain classes? If so specify:	No
Does filing only apply to certain territory (territoric	es) of certain classes: If so, specify.	NO
Brief description of filing. (If filing follows rates of	on advisory organization, specify on	nanization).
Brief description of filing. (If filing follows rates of	outer 11 - 2000-03	aly Filing
This filing is to adopt the approved NCCI circ	Cural 12-2003-00.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		,
A Mark and a select all prior rate changes		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will	result from application of new rates.	
**Change in Company's premium lever which will	1630K Wolff application of flow factor	
	Erie Insurance Comp	pany of New York
	Name of Co	
	1 - 1	a .
	Lan to trail	
	Ross C. Fonticella, ACAS, MAA	Δ
		٦.
	Vice President and Manager	

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DEFOR (MPC) DIVISION OF INSURANCE

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate level pro	oduced by rate revision effective	07/01/09
	(1)	(2) Annual Premium	(3) Percent
	Cavarage	Volume (Illinois)*	Change (+ or -)**
	Coverage	VOIGHT (IMMERIC)	
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
-	Fire		
10.	Extended Coverage		
11,	Inland Marine		
	Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	\$71,572	+2.2%
	Line of Insurance		
	s filing only apply to certain territory (territor		No No
Brie	f description of filing. (If filing follows rates of	or an advisory organization, specify org	anization).
	This filing is to adopt the approved NCCI ci	rcular IL-2009-03.	-/ //:
		LAW	only Films
*Ad '*Ch	justed to reflect all prior rate changes. nange in Company's premium level which wi	Erie Insurance Prop	
		Name of Co	mpany
		Hon Fontially	
		Ross C. Fonticella, ACAS, MAAA	
		Vice President and Manager	

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Official - Title

JUL 0 1 2009

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium or rate level produced by rat	e revision effective	July 1, 2009
	Automobile Liability Private Passenger Commercial Automobile Physical Damage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft	NOIS ANCE	
2.	Automobile Physical Damage Private Passenger Commercial	NSWOIB	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	597,000	-0.9%
16.	Other		
	Line of Insurance		
Does	filing only apply to certain territory (territories) or certai	n classes? If so, specify No.	
Wor	description of filing (if filing follows rates of an advisory kers Compensation loss costs and rating val		ntion of NCCI approved n revised loss cost
mult	pliers.		
*	Adjusted to reflect all prior rate changes		
**	Changes in Company's premium level which will resu	ult from application of new rates.	
	Changes in Company's premium level which will lest		
			ty Insurance Company
I	RECEIVED	Name of Co	трапу
		Carol Letendre. F	Regulatory Manager

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

JUN 04 2009

WC-IL-7

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Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium or rate level produce	ed by rate revision effective		July 1, 2009
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger	ALL STATE OF THE S		
	Commercial			
3.	Liability Other Than Auto			
1.	Burglary and Theft			
5.	Glass	ATE OF ILLINOIS INSURANCE THENTOF INLINOIS THENTOFIELD, ILLINOIS PRINGFIELD, ILLINOIS		
6.	Fidelity	01 2000		
7.	Surety "\"	L WIGHT LE		
3.	Boiler and Machinery	SEILLINGURA		
9.	Fire	ATE OF OF ILLINO.		
0.	Extended Coverage 5	TMERIELD.		
1.	Inland Marine	PRING.		
2.	Homeowners			
3.	Commercial Multi-Peril			
4.	Crop Hail			
5.	Workers Compensation	10,000		-6.6%
6.	Other			
	Line of Insurance			
)oes	filing only apply to certain territory (territories)	or certain classes? If so, specify	No.	
	description of filing (if filing follows rates of an a			NCCI approved
	kers Compensation loss costs and rat	ing values per NCCI Circular IL-2009	-u1, with revise	ea ioss cost
nult	ipliers.			
*	Adjusted to reflect all prior rate changes			
**	Changes in Company's premium level which	will result from application of new rates		
	Changes in Company's premium level which	will result from application of new rates.		

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Fidelity and Guaranty Insurance Underwriters

Name of Company

JUN 04 2009

Carol Letendre, Regulatory Manager Official - Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD

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Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

AUG 0 1 2009

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
Change in Company's premium or rate level produced by rate revision including includ

	effective August 1, 2009	·	
-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	****	
12.	Homeowners		
13.	Commercial Multi-Peril	*	
14.	Crop Hail		
15.	Other Workers Compensation	2,213,158	+3.15%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so,	ain territory (territories) or	· certain
	specify: N/A		
	Brief description of filing. (If f	iling follows rates of an a	advisory
	Organization, specify	J	·
	organization):	Rate revision. We conside	r our rates to be independent, based upon
	both NCCI and our own experience.	LAU	u only Fling
	*Adjusted to reflect all prior ra **Change in Company's prem		ılt from application of new
	rates.		
			nsurance Company
			me of Company
		Product Manager	
		•	Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

JUN 0 9 2009

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective July 1, 2009 (2) (1) (3)Annual Premium Percent Change (+or-) ** Coverage Volume (Illinois) * **Automobile Liability Private** Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation \$14,500,000 + 3.5% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, Yes: 7380, 8742, 8810, 8824, 8825, 8826, 8829, 8832, 8833, 8835, 8842, specify: 8864, 8868, 9015, 9040 Brief description of filing. (If filing follows rates of an advisory Organization, specify Adoption of 01/01/2009 NCCI Advisory Rates with the exception organization): of NHRMA Mutual class code 9929 rate of \$3.26. We will not be adopting the law only filing from NCCI effective 04/01/2009. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.

JUL 0 1 2009

DEPARTMENT OF ILLINOIS

BPRINGFIELD, ILLINOIS

NHRMA Mutual Insurance Company

Wrene

Name of Company

Official - Title

Lloyd Wiesemann

Vice President, Insurance Services

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Char	nge in Company's premium or rate level pro	oduced by rate revision effective	June 1, 2009
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass _		
6.	Fidelity		
7.	Surety _		
8.	Boiler and Machinery	·	
9.	Fire _		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners _		
13.	Commercial Multi-Peril		
14.	Crop Hail _		
15.	Other Workers Compensation Line of Insurance	5,187,625 (CY2008)	2.5%
Does	s filing only apply to certain territory (territor	ries) or certain classes? If so, specify:	
	description of filing. (If filing follows rates of dopt NCCI's 4/1/2009 loss costs	of an advisory organization, specify org	anization):
	usted to reflect all prior rate changes. ange in Company's premium level which w	vill result from application of new rates.	
		The No	orth River Insurance Company
			Name of Company
		fegulatory	Com Object Onalyst
		- 0 - 3	Official Title

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DEPARTMENT OF INSURANCE
SPRINGFIELD

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Form (RF-3)

SUMMARY SHEET

IDFPR (MPC) Division of insurance Springfield

Change in Company's premium revision effective 7/1/09	m or rate level produced	by rate SPRINGFIELD.
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Coverage 1. Automobile Liability Private Passenger	volume (IIIInois)	change (+ or ,
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	\$1,759,883	+2.5 %
15. Other Workers Compensation Line of Insurance	\$1,759,663	
Brief description of filing. (If organization	n): Adoption of the NCC maintaining current	I Loss Costs IL-2009-03
		"-ED
		A-2
		JUL 0 1 2000
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new		2009
** Change in Company's premium lev		STATE OF ILLINOIS RTMENT OF INSURANCE PRINGFIELD, ILLINOIS
** Change in Company's premium lever result from application of new	rate changes. vel which will rates. OneBeacon America Insura	STATE OF ILLINOIS RTMENT OF INSURANCE PRINGFIELD, ILLINOIS
** Change in Company's premium lever result from application of new	OneBeacon America Insura Name of Compa	STATE OF ILLINOIS RTMENT OF INSURANCE PRINGFIELD, ILLINOIS nce Company Iny

SUMMARY SHEET

Change in Company's premium revision effective 7/1/09		ced by rate
(1)	(2)	(3)
	Annual Premium Volume (Illinois)*	Percent
<u>Coverage</u>	volume (IIIIIOIS)	enange (1 dr ,
1. Automobile Liability Private Passenger		
Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity 7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail		
-	\$173,407	+2.5 %
15. Other Workers Compensation Line of Insurance	\$175,407	
If so, specify: Brief description of filing. (If organization, specify organization	filing follows rates	of an advisory
organización, speciely erjamentes	maintaining curr	
		JUL 0 1 2009
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	rel which will rates.	STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS
	OneBeacon Insur Name of O	
	Manie OI (- Company
C4	Leryl R. Turner	
Cheryl R. Compensati	Turner, Assistant Vi on	ce President Workers
	Official -	Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	May 15, 2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	With the second	
13. Commercial Multi-Peril		
14. Crop Hail		
	\$400,000tit-d	BULAN + 2.5 %
15. Other Workers' Comp Line of Insurance	\$100,000 estimated	- IRM/A(+ 2·3 /6
Line of modrance		
Does filing only apply to certain territory (t	erritories) or certain classes? If so, specify	/: <u>No.</u>
Approval Circular IL-2009-03 - Law - Onl	s rates of an advisory organization, spo y Filing Reflecting the Implementation of t chedules – Voluntary Advisory Rates and	he Hospital Outpatient and Ambulatory
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	••	
	satety F	First Insurance Company Name of Company
		Traine of company
	_ Marilyn Tinnell	, CPCU - Compliance Manager
		Official – Title



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ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	May 15, 2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
4 4 4		
Automobile Liability Private		
Passenger Commercial	<u> </u>	
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage	· · · · · · · · · · · · · · · · · · ·	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Comp	\$1,500,000 estimated	MPM + 2.5 %
Line of Insurance		•
Does filing only apply to certain territory ((territories) or certain classes? If so, specif	fy: No.
Brief description of filing. (If filing follow	ws rates of an advisory organization, sp	pecify organization): Adoption of NCCI
<u> Approval Circular IL-2009-03 – Law – Or</u>	nly Filing Reflecting the Implementation of	the Hospital Outpatient and Ambulatory
Surgical Treatment Center (ASTC) Fee	<u> Schedules – Voluntary Advisory Rates an</u>	d Advisory Loss Costs effective April 1,
2009.		
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate	es.
	Safety Na	Ational Casualty Corporation Name of Company
	Marilyn Tinne	II, CPCU - Compliance Manager Official – Title



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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD



MAY 1 5 2009

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



(1) Coverage	(2) Annual Premium Volume (Illinois) *	DEFARTMENT OF INSL Peiseringfield, Illin Change (+or-) **
Automobile Liability Private	· Volume (minois)	_ Change (1011)
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage	***************************************	
Inland Marine	**************************************	
Homeowners		**************************************
Commercial Multi-Peril		•
Crop Hail	***************************************	
Other Workers Compensation	\$13,850,592	+2.5%
Life of Insurance		
Does filing only apply to certa Classes? If so, specify:	ain territory (territories) or	certain
Brief description of filing. (If to Organization, specify	•	•
organization): implementation of new medical fee sche		om circular IL-2009-01 reflecting
*Adjusted to reflect all prior ra **Change in Company's pren rates.	· ·	lt from application of new
	Society Insurance	, a mutual company
	Na	me of Company
		Underwriting Manager

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective_08/01/2009	· ·

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	- Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private	e	
Passenger	0	0
Commercial	0	0
Automobile Physical Dama	ag	
Private Passenger	0	0
Commercial	0	0
Liability Other Than Auto	0	0
Burglary and Theft	0	0
Glass	0	0 .
Fidelity	0	0
Surety	0	0
Boiler and Machinery	0	0
Fire	0 .	0
Extended Coverage	0	0
Inland Marine	0 .	0
Homeowners	0	0
Commercial Multi-Peril	0	0
Crop Hail	0	0
Other Workers' Compensation	6,334,113	2.56
Life of Insurance		
Does filing only apply to co Classes? If so, specify: No	ertain territory (territories) o	r certain
Organization, specify organization):	(If filing follows rates of an a	Cl 4/1/2009 (law only) rates with exce
previously approved by your departme		
*Adjusted to reflect all prio		
	remium level which will resu	ult from application of new
	5	and the second s
rates.		
rates.	Star Insurance Co	ompany

AUG 0 1 2009

Compliance Analyst AMANDA Webster Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		September 1, 2009	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage Private Passenger Commercial			
3. Liability Other Than Auto			
Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers' Compensation	\$32,489,704	+2.3%	
Line of Insurance			
Brief description of filling. (If filling follo	territories) or certain classes? If so, specify ows rates of an advisory organization, spating values due to the implementation of the Schedules	ecify organization): Adopting NCCI's	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates State Farm I	S. Fire and Casualty Company Name of Company	
		reality of Company	
	Gregory S. Girard, Act	tuary & Assistant Secretary Treasurer Official – Title	
		Onicial - Title	

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ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective		July 1, 2009	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	1 2009 TE OF ILLINOIS TE OF ILLINOIS	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	<i>9</i>	
9.	Fire	011	
10.	Extended Coverage	TE OF ILLINOIS ANCE MENT OF ILLINOIS MENT OF ILLINOIS MENT OF ILLINOIS MENT OF ILLINOIS 4,695,000	
11.	Inland Marine	OF ILLINSURA	
12.	Homeowners	TENT OF ILLINO.	
13.	Commercial Multi-Peril	MEI'S IELU'	
14.	Crop Hail DEPT	Kina	
15.	Workers Compensation	4,695,000	6.9%
16.	Other		
	Line of Insurance		
Does	filing only apply to certain territory (terr	ies) or certain classes? If so, specify	No.
		f an advisory organization, specify organization) I rating values per NCCI Circular IL-2009-	Adoption of NCCI approved 01, with revised loss cost
mult	ipliers.		
*	Adjusted to reflect all prior rate change Changes in Company's premium leve	hich will result from application of new rates.	
		United States I	Fidelity and Guaranty Company

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Carol Letendre, Regulatory Manager
Official - Title

Name of Company

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	5,459,274 (CY2008)	2.5%
Doe:	s filing only apply to certain territory (territor	ries) or certain classes? If so, specif	y:
	description of filing. (If filing follows rates of dopt NCCI's 4/1/2009 loss costs	of an advisory organization, specify of	organization):

United States Fire Insurance Company

Name of Company

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DEPARTMENT OF INSURANCE
SPRINGFIELD

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^{**}Change in Company's premium level which will result from application of new rates.